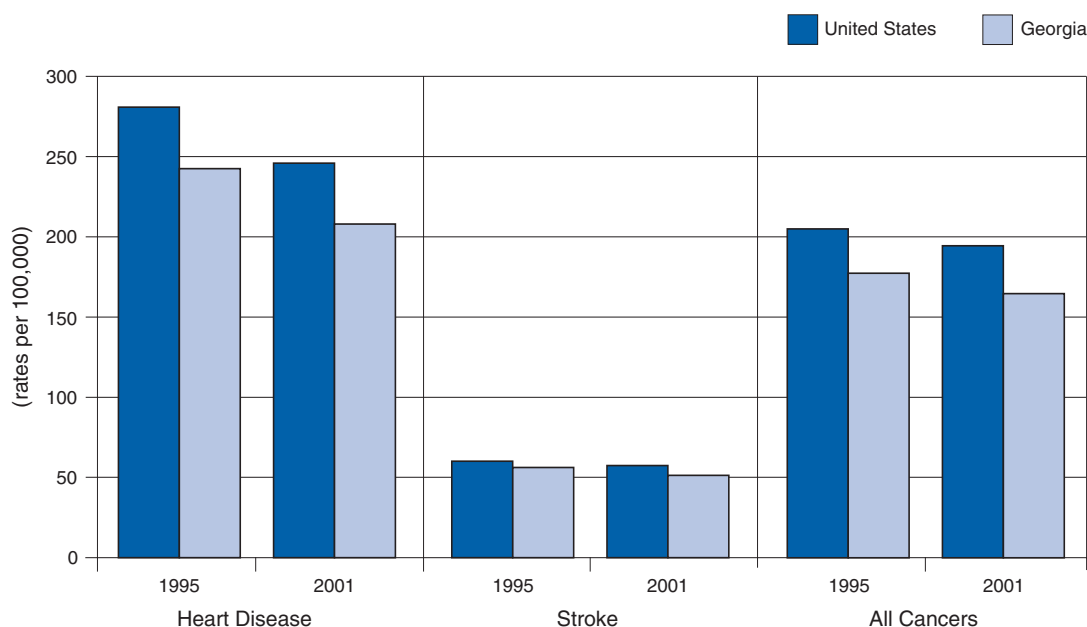


## Chronic Diseases: The Leading Causes of Death

### The Leading Causes of Death

United States and Georgia, 1995 and 2001



Source: National Center for Health Statistics, 2003

### The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

### Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

# The Leading Causes of Death and Their Risk Factors

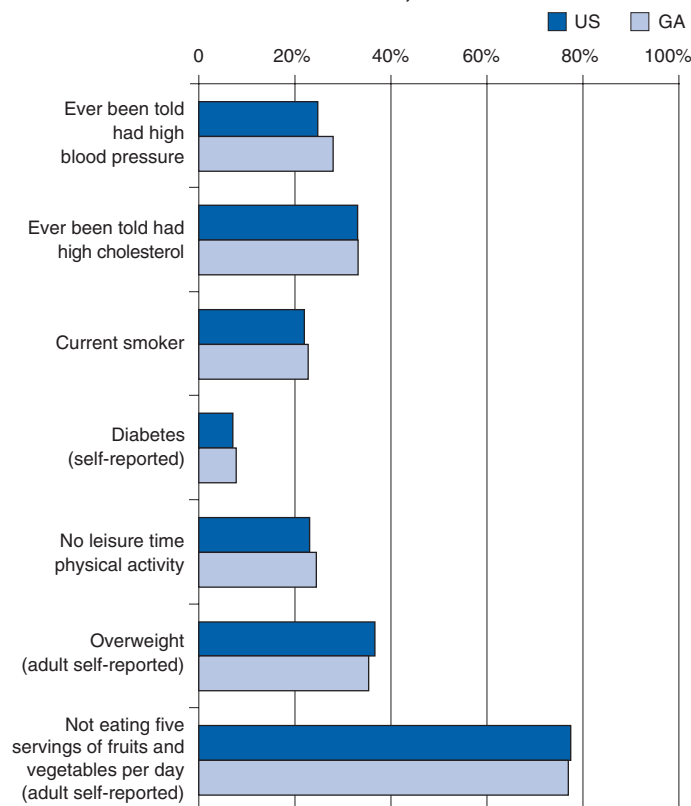
## Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Georgia, accounting for 17,478 deaths or approximately 27% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 4,312 deaths or approximately 7% of the state's deaths in 2001.

### Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

## Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 14,600 are expected in Georgia. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 35,430 new cases that are likely to be diagnosed in Georgia.

Estimated Cancer Deaths, 2004

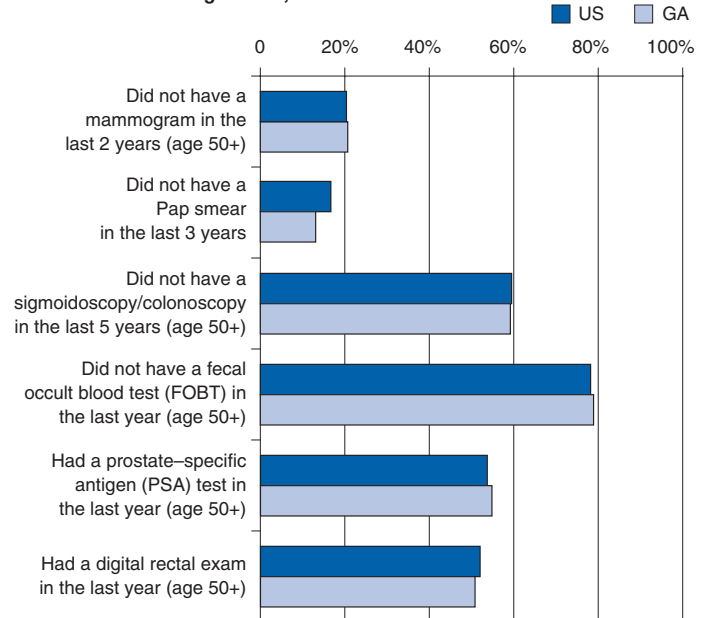
Cause of death	US	GA
All Cancers	563,700	14,600
Breast (female)	40,110	1,130
Colorectal	56,730	1,320
Lung and Bronchus	160,440	4,660
Prostate	29,900	740

Source: American Cancer Society, 2004

### Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

# Georgia's Chronic Disease Program Accomplishments

## Examples of Georgia's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, with the greatest decrease occurring among African Americans (397.7 per 100,000 in 1990 versus 339.2 per 100,000 in 2000).
- A 21.2% decrease in the number of women older than age 50 who reported not having had a mammogram (from 41.9% in 1992 to 20.7% in 2002).
- Lower prevalence rates than the corresponding national rates for women older than age 18 who reported not having had a Pap smear in the last 3 years (13.1% in Georgia versus 16.7% nationally).

## CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Georgia in the areas of cancer, heart disease, stroke, and related risk factors.

### CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Georgia, FY 2003

<b>SURVEILLANCE</b>	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Georgia BRFSS</i>	\$194,501
National Program of Cancer Registries <i>Georgia Comprehensive Cancer Registry</i>	\$906,121
<b>CHRONIC DISEASE PREVENTION AND CONTROL</b>	
Cardiovascular Health Program <i>Georgia Cardiovascular Health Program</i>	\$1,000,000
Diabetes Control Program <i>Georgia Diabetes Advisory Council</i> <i>Diabetes Today Program</i>	\$350,000
National Breast and Cervical Cancer Early Detection Program <i>Comprehensive Breast and Cervical Screening Program</i>	\$4,305,057
National Comprehensive Cancer Control Program <i>Georgia Cancer Coalition</i>	\$881,442
<b>WISEWOMAN</b>	\$0
<b>MODIFYING RISK FACTORS</b>	
National Tobacco Prevention and Control Program <i>Georgia Tobacco Prevention and Control Program</i>	\$1,431,023
State Nutrition and Physical Activity/Obesity Prevention Program <i>Georgia Golden Olympics</i> <i>Georgia Striders Program</i> <i>Mayor's Walk</i> <i>Osteoporosis Prevention</i> <i>Park Promotion</i> <i>Take Charge of Your Health</i> <i>Take Charge Challenge</i> <i>Kids Walk to School Day</i>	\$407,956
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>Fulton County Department of Health and Wellness</i>	\$903,949
<b>Total</b>	<b>\$10,380,049</b>

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

### Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Georgia that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

# Opportunities for Success

## Chronic Disease Highlight: Overweight and Obesity

The rising prevalence of overweight and obesity in adults and children is an increasing health concern in Georgia and across the United States. Contributing factors to the recent rise in overweight and obesity rates are poor diet and lack of physical activity. Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) indicate that between 1990 and 2003 the prevalence of overweight and obesity in Georgia increased 14.5%, from 45.6% to 60.1%.

The 2003 BRFSS data indicate that there is a relationship between the prevalence of overweight and obesity and the income and education levels of Georgia's residents. In 2003, the percentage of obesity and overweight for Georgians earning less than \$15,000 was 63.4% (26.9% were overweight and 36.5% were obese); the percentage for those earning \$50,000 or more was 58.6% (36.8% were overweight and 21.8% were obese). Similarly, the percentage of obesity and overweight for Georgians with less than a high school diploma was 64.0% (32.3% were overweight and 31.7% were obese), and the percentage for Georgians who received a high school diploma or General Equivalency Diploma was 63.0% (36.2% were overweight and 26.8% were obese). In contrast, the percentage for Georgians with a college degree was 56.3% (36.7% were overweight and 19.6% were obese).

In 2001, among Georgia's youth, 29.7% of middle school students aged 11 to 14 were at risk for becoming overweight or were already overweight, while high school students aged 14 to 18 had a slightly lower percentage of risk (26.7%). In both middle and high school, boys were more likely to be at risk for overweight or obesity than girls. Boys in middle school had the highest percentage of overweight and at risk for overweight (36.7%), compared with middle school girls (22.0%), high school girls (20.9%), and high school boys (32.7%).

In addition to being a risk factor for heart disease and stroke, overweight and obesity are also leading risk factors for diabetes. BRFSS data indicate that in 2003, 7.8% of adults in Georgia reported having been told that they have diabetes, compared with the national average of 7.1%.

Georgia has addressed the problem of overweight and obesity in the state by launching the Take Charge of Your Health Campaign to reduce the incidence of chronic disease by promoting healthy nutrition choices and increased physical activity.

*Text adapted from Overweight among Middle and High School Students in Georgia (2001).*

## Disparities in Health

African Americans, who comprise approximately 27% of Georgia's population experience disproportionate health disparities. Nationally, African Americans have higher stroke mortality rates than other groups as well as higher prevalence of the risk factors for heart disease, stroke, and cancer.

From 1996 to 2000, the heart disease death rate for African Americans in Georgia was 665 per 100,000, compared with 559 per 100,000 for whites. The stroke death rate for the state's African Americans was 191 per 100,000, compared with 134 per 100,000 for whites.

African Americans in Georgia also have higher cancer death rates. According to the Georgia Cancer Data Report 2000, African Americans were 27% more likely to die of cancer than their white counterparts. In 2000, the cancer death rate for African Americans in Georgia was 234.3 per 100,000, compared with 194.8 per 100,000 for whites. African American men had higher prostate and colorectal cancer death rates (81.0 per 100,000 and 34.0 per 100,000, respectively) than their white counterparts (94.0 per 100,000, 36.8 per 100,000, and 21.7 per 100,000, respectively). Similarly, African American women had higher breast and colorectal cancer death rates (31.1 per 100,000 and 23.6 per 100,000, respectively) than white women (24.4 per 100,000 and 15.1 per 100,000, respectively).

These higher death rates for chronic diseases are influenced by high rates of behavioral risk factors as described below.

## Other Disparities

- **Overweight and Obesity:** In Georgia, 68.2% of African Americans are either overweight (35.8%) or obese (32.4%), compared with whites (35.2% are overweight and 22.4% are obese).
- **Physical Activity:** Hispanics in Georgia are least likely to engage in physical activity (33.1%), compared with African Americans (27.6%) and whites (23.2%).
- **High Blood Pressure:** In Georgia, African Americans are more likely to report having been told that they have high blood pressure (31.3%) than whites (27.4%) or Hispanics (15.7%).
- **Diabetes:** African Americans are more likely to have been told that they have diabetes (9.5%), compared with whites (7.1%) and Hispanics (3.9%).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962  
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